Second survey of Get Connected Grant Recipients

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Second interim report

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Institute for Employment Studies

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1 Survey methodology

In 2010 the National Institute for Adult and Continuing Education (NIACE) and the Institute for Employment Studies (IES) were commissioned by the Social Care Institute for Excellence (SCIE) to evaluate the impact of the introduction of new or improved technologies funded through the Get Connected funding stream. Beneficiaries of the grants were primarily residential care and nursing homes and domiciliary and community care organisations.

The evaluation consisted of two rounds of surveys and case studies. The first survey was conducted between October 2010 and January 2011, with the first set of 20 case studies conducted between March and June 2011. The first interim report set out the findings from the first survey and is available as a download free of charge from SCIE at:
http://www.scie.org.uk/workforce/getconnected/Research.asp

In October 2011, nine months after the initial survey of the first tranche of Get Connected grant recipients closed (in January 2011) a second survey was conducted with the first cohort of Get Connected grant recipients. This report sets out the outcomes of that second round of surveys.

In the first survey we found that, contrary to expectations, many of the first cohort of grant recipients had either not yet spent their grant, or had not managed to get the equipment fully operational by that point. Therefore, while our intention had been to focus on longer term benefits in the second survey round, it became evident that we would also need to capture information on the experiences of those who had been later in introducing the technology. Therefore this reports compares the experiences of those who replied to the earlier survey (early implementers) and those who responded for the first time during the second survey round.

Designing the survey instruments

For this reason, at the start of each survey the respondent was asked if they had responded to the earlier survey. To allow for the possibility that people might not remember if they had responded previously (or, in the case of managers or main contacts, for a change of personnel in the interim) respondents were also given an 'I can't remember' option. Respondents were then routed down separate question routes, with slightly differently worded questions, depending on their answers to this initial question.

The surveys were designed to capture more information about the way in which the technologies were being used and the ways in which their introduction was impacting on service users and staff. Additionally we sought information on the nature of training and support that was needed and/or being provided, and any issues that still remained to be resolved.

Four versions of the questionnaires were drafted: one questionnaire for managers/main Get Connected contact; one for staff; and two for service users. One of the versions for service users was worded for use in residential nursing/care homes and one for use with service users of domiciliary care services. Within each of these surveys there was an initial question asking respondents if they had responded to the first survey. The questions were worded slightly differently for those who had responded earlier or not (or could not remember if they had responded to the earlier survey), and in addition, those who had responded earlier were asked if there had been any further developments between the two surveys. The draft surveys were sent to SCIE for comment and final drafts were agreed in late September 2011 and uploaded onto the IES website.

As in the first survey the second round surveys were accessed online, with the invitation to participate being sent out by email to each manager or the Get Connected main contact. Two additional emails were sent to the main contact for forwarding to staff and residents/service users on our behalf. The first emails were sent out on the 29th September 2011. Follow-up emails were sent out on the 11th October with a final reminder being sent out on the 24th October. As before, care/nursing homes were sent a poster for displaying on notice boards to publicise the survey and a poster and flyer were sent to domiciliary care providers. The surveys closed on the 31st October.

In total, 190 residential or nursing care homes and 47 domiciliary care organisations ($\Sigma = 237$) of the 248 first Get Connected recipient cohort were sent the links to the surveys.

1.1 Response rate

1.1.1 Managers

One hundred and fifty two responses in total were received for the managers' survey; 121 of these came from residential homes (an 80 per cent response rate) and 28 from domiciliary services (a 60 per cent response rate). Three came from other types of organisation (one of these provided supported living and outreach support services and another provided support for adults and children with learning difficulties; the third did not give details).

Fifty-five of the managers/main contacts at residential homes had responded to the previous survey round (45 per cent of manager respondents from residential homes) and 12 of the domiciliary care managers had responded previously (43 per cent of domiciliary care manager respondents). Respondents to the survey for managers or main contacts were mainly managers (44 per cent of respondents from residential homes and 54 per cent of respondents from domiciliary care), owners, or owner/directors or (only in the case of residential homes) owner/managers. Just over ten per cent of respondents from residential homes were supervisors or gave some other title.

Twelve of the managers from domiciliary and community-based organisations had responded previously (43 per cent). Mostly they were managers; some were owner/managers or owner/directors.

For conciseness, from this point on we refer to respondents in this survey group collectively as 'managers' although recognising that some hold different job titles or roles.

1.1.2 Staff

One hundred and twenty two staff responded to the staff survey. It is not possible to give a response rate for staff as we do not know to how many staff the email links were forwarded. Eighty-five were employed in residential homes and 32 worked for domiciliary care or community-based organisations. Included within the 32 domiciliary and community based organisations were seven who reported working in 'other' types of organisation: four worked in organisations offering support for independent living; one replied from a private company that supported adults with learning difficulties and one from a home for adults with learning difficulties; and one who worked in a multimedia studio for Adults with Learning Disabilities.

Amongst the respondents from residential homes, 64 (75 per cent) were new respondents (ie had not responded to the previous survey). Twenty-seven of the staff from domiciliary care organisations were new respondents (90 per cent).

The majority of staff were care assistants (29 per cent of residential and 63 per cent of domiciliary care staff) and care supervisors (18 and 20 per cent of residential and domiciliary care staff, respectively).

1.1.3 Residents

Twenty residents of nursing or domiciliary care homes responded to the survey, and the majority of these (85 per cent) had not responded before. Eleven were male and nine were female. The average age of the new respondents was 85. The average age of the three who had replied to the earlier survey was 62.

1.1.4 Domiciliary care service users

Thirty-four people (10 males and 22 females; two did not indicate their gender) responded to the survey for domiciliary care service users; only one had replied to the earlier survey. The spread of ages was from 22 to 100, with the majority (18) being aged over 70. Only one had replied to the earlier survey.

1.2 Reporting the results

The chapters that follow are structured in the following way. Chapter 2 deals with how the technology was introduced into these organisations: whether managers provided any training for staff, service users, their families or friends, and the sorts of support that were needed to help them get started. Following on from that, Chapter 3 considers the impact the technology is having. In Chapter 4 we consider the nature of any remaining snags that remain to be resolved.

For each of these chapters we adopt the following structure. First, we report the findings from residential and nursing homes, and. where appropriate, we report the responses separately for those who had responded to the interim survey (and hence were responding for a second time), and those who were responding for the first time.

We report these groups separately for the following reason: with those who were responding for a second time we could be certain that they had had the technology operational (to some extent at least) since the end of 2010 ie, around ten months to a year, and therefore were able to comment on the way in which the technology had been embedded in service provision and also on any longer term challenges they had faced. We have therefore termed this group the ‘Early implementers’.

Those who were responding to this survey for the first time (ie had not responded to the first survey) were a mix of those who had not had the technology installed or operational when the first survey was conducted, and some who had simply not responded to the interim survey. Respondents were also routed through this question set if they could not remember if they had participated in the earlier survey. We are not able to discriminate between respondents in these three groups, but have assumed that on the whole they comprise respondents who were working or living in homes where the technology had been operational for less than ten months. We therefore term this group 'Recent implementers' although in reality they are likely to comprise a mixture of respondents from homes at different stages of progression and experience.

Following this, we report the findings from domiciliary care and other organisations working in the community or with people in their own homes. Twelve of these had replied to the first survey; 16 were first time responders. It should be noted that domiciliary care agencies did not have to evidence direct benefits to their service users to make a grant application, recognising that they might not use IT in a user's own home.

2 Introducing the technology

Two main aspects of introducing the technology were explored: the purchasing and setting up of equipment; and ensuring that staff and residents had the skills to use the equipment that was made available to them.

2.1 Getting started

As we reported in the interim report, for many of these sites this was their first foray into purchasing IT, and so it is perhaps unsurprising that these relatively inexperienced purchasers encountered difficulties. We start by reporting the problems that the 'recent implementers' had encountered in purchasing and installing the technology, but it should be noted that only a minority reported such difficulties.

2.1.1 Buying and installing the technology

Residential care

Amongst those who had introduced the technology more recently there were a few accounts of problems in dealing with IT suppliers and retailers, similar to those reported in the earlier survey.

> *For such a small family run home the quotes we received from local IT companies were too high even for the grant. Making it more personal and taking it on ourselves proved much more beneficial to all parties involved.*
>
> *Had to wait a very long time and chase up the company installing equipment many times.*
>
> *I found it difficult to purchase the equipment with a small list of preferred suppliers in our area*
>
> Managers, recent implementer sites

Many of the homes are in large, older buildings with thick walls, and this had brought unanticipated problems. Sometimes this had meant the homes had incurred extra costs in trying to address these challenges.

> *We have an old building with very thick stone walls so needed extra routers to get the signal around the whole of the home.*
>
> *Nature of the building meant we had to get additional 'boxes', I think they are signal boosters to get the internet connection through the very thick walls of our building.*
>
> Managers, recent implementer sites

Amongst those who were responding to the survey for a second time, just over a third (42 per cent) said that they had some snags remaining. These fell into three main categories: physical/environmental (eg poor wireless/broadband service because of location); challenges in responding to service users' needs; and training/supporting staff and services users to attain competence and confidence. Again, in some cases the problems to do with addressing problems to do with the physical layout of the building seem to be largely related to sub-optimal guidance and support from the companies with which they were dealing.

> *We have had some issues with the wireless network being patchy and to get the IT company back out to fix it has been expensive.*
>
> *We have a problem with broadband access to all areas of the home – the company which we bought equipment from & which set everything up have not been helpful in putting it right – I cannot get them to respond to me at the moment & because a couple of the computers have software which means you cannot access them (make changes) we cannot get any other company to come in. I am disappointed with this & will keep trying – obviously we are willing to pay to have it put right (after a year)*
>
> *We have several clients who have very complex needs, non-verbal communication and very limited mobility. It is still a challenge to find ways for them to be involved.*
>
> *We need to find different ways in which we can encourage staff and residents to use the technology more.*
>
> Managers, early implementer sites

We return to the issue of finding ways to engage staff and residents with the technology later in this report.

Domiciliary and community care

As with the managers in the residential settings, some of these managers were very much dependent upon suppliers and consultants for support and guidance. Some did not fully understand what the package would – or, more accurately, would not – include, and so would have benefited from more help in understanding what would be needed and what the full costs were likely to be:

> *The costs did not take into account the price of Microsoft office or any other office software*
>
> *It seemed nice and straightforward to start with but I was not prepared for the expense in what I had initially thought was going to be a relatively 'cheap' project. To set up IT properly does require planning for every occurrence and with that comes a cost.*
>
> Managers, recent implementer sites.

In addition, and again in common with the comments from the managers in residential settings, several of these managers had also encountered problems with wifi and internet access:

> *Using the dongles has not proved as easy as we hoped. All Team Leaders use their own home wi-fi connections.*
>
> Early implementer
>
> *The only snag that I have come across is the lack of broadband in Service Users homes. We intend to use mobile internet to overcome this once our activity sessions take off.*
>
> Recent implementer

There was evidence too that in some cases the IT professionals to whom they had looked for help had given poor advice which had led to long-term problems:

> *The video editing software that the IT consultant chose for us was not compatible with the camera they chose. It was a lengthy process to resolve this. We have also had problems with the choices the consultant made about the network and how to store files. These problems were exacerbated because the internet connection was unstable and unreliable. The internet connection 'drops off' frequently. We are still unsure why this happens…. our initial ICT consultant was not as committed and dynamic as we would have liked and as a result we think we could have got better speed and spec on some things. We have since changed consultants.*
>
> Manager, early implementer site.

2.1.2 Training for staff

Residential homes

Managers were asked two questions about the training that had been provided for staff. First, they were asked if they had provided any 'additional training and support, eg in writing or language skills, before staff and/or residents/service users had been able to start using the technology'. Just over a third (35 per cent) said that they had provided some additional training or support to staff before they had provided training in use of the technology; however, on inspection of the descriptions given of the additional training it transpired that in most cases managers were referring to basic IT skills rather than writing or language.

Three-quarters of the managers at the recent implementer sites had provided training for their staff since introducing the technology. At the early implementer sites, 54 per cent reported that they had provided further training for their staff since taking part in the first survey. Much of this training was provided in-house and consisted of basic familiarisation with programmes, how to register with relevant sites and security issues while one had designed care-related documentation and trained staff in its use:

> *The provider of the reminiscence newspaper trained staff in its use to stimulate the residents. I have trained staff in use of tools.*
>
> *For staff that were not confident I have sat with them & guided them through the process of registering with skills for care & showed them the resources available online.*
>
> *I have shown the staff how to use the equipment after I had training from the supplier*
>
> *I have helped some staff to feel comfortable with mouse control and ordering online. I have registered many staff for online learning and have helped them create their accounts.*
>
> *The manager and I have provided help in using Microsoft office for making reports. We have designed a few excel sheets daily report sheets etc and get constant feedback in order to simplify it and get it in use.*
>
> Managers, early implementer homes

In addition, many had made use of the training provided by the companies that installed the equipment, or by specialist organisations and often by managers or colleagues:

Staff have been encouraged to go for free training on it and managers have been asked to support those members of staff who feel less confident using it

Managers, early implementer homes

Basic computer skills training for all staff. This was organised to be undertaken by the gentleman that installed our equipment and his brother. All staff were given various dates to attend in order to target everybody.

1 to 1 and small group sessions with myself, the owner and others that have it experience have assisted other staff in becoming confident on using the it equipment. Tutorials and coaching sessions have also helped. 1 member of staff went to Bristol for an interactive reminiscence therapy session using technology in august 2011.

[The provider] came into the home to train staff, we have had telephone training and Skype. Families have been invited into training also.

Managers, recent implementer homes

However, even with introductory training, some sites had struggled to maintain interest:

New members of staff get some training, we would like start an internet style cafe 1 day a week but the lack of interest has stopped that idea in its tracks.

Broadly in line with the responses given by the managers, 56 per cent of staff at the recent implementer sites said that they had received training to help them use the new technology, while 41 per cent of staff at the early implementer sites had received some form of training since taking part in the last survey. Around a quarter of staff felt that they still needed some training to help them make full use of the technology. Mostly staff felt they could 'muddle along' and were picking up information from colleagues, but they felt that further training would help them make better use of the facilities available.

Domiciliary and community care staff

Asked whether they had they had provided any 'additional training and support, eg in writing or language skills, before staff and/or residents/service users had been able to start using the technology' over half (58 per cent) of the managers at the early implementer sites and nearly a third (31 per cent) at the recent implementer sites said that they had provided additional training for staff. However, on inspection the descriptions of this training revealed that mostly they had been referring to additional IT training. Just two of the domiciliary and community care managers and provided additional support:

Some staff have needed extra support. We have also had to have one staff member working with another to help them use the IT equipment as they have Dyslexia and find it difficult to navigate a keyboard.

Some of our carers are undertaking language and grammar courses to express themselves better as they undertake further training.

Early implementers

Nearly two thirds of those at the recent implementer sites had provided IT training for their staff, while half of the managers at the early implementer sites had provided IT training for their staff since the last survey. Again, as with the residential managers, this ranged from very informal support through to more formal provision:

Word Processing, Moodle training - provided by the Manager to individual staff members.

Some of the staff had required some coaching in navigating their way around laptops and some of the programs installed on them to get the most out of them.

Currently in the process of accessing IT training for staff via Learn Direct in Sheffield and as we develop we plan to access this for anyone who needs it as they can complete it at their own pace

General awareness training/help on capabilities of computers and introduction to email, word processing, accessing internet.

Help as and when needed on a one to one basis

Early implementers

For some staff we had to introduce some training on computer basics. We believed that initially most people would be computer literate but a lot of carers send e-mails and surf the net only, so a bit of training was required.

We have had to teach basic IT skills to some of our care staff so that they could undertake online training. This was all managed in-house by cascading knowledge/skills already in the business.

Managers were taught how to use the system and then trained their staff and service users

Informal training has been provided as & when required. This has ranged from teaching basic keyboard skills to supporting internet access (e.g. online training)

Recent implementers

2.1.3 Training for service users

Residential homes

Several managers had also provided training for their residents. In the majority of cases staff had helped residents to get started initially. For many residents, staff continued to support residents to use the computers from day to day as residents were often either not able to use the equipment independently or, if able, lacked confidence in their ability to do so:

> *We have had 1 to 1 sessions sat alongside a member of staff who is able to guide, prompt and remind residents whilst encouraging them*
>
> *Activities co-ordinator and administrator currently provide one to one support to residents some residents are attending local library computer course*
>
> *Resident training has been provided by our own staff as outside training staff could cause a stressful situation for some of our residents. A familiar face is the best practice.*
>
> Managers, recent implementer sites
>
> *Knowledgeable staff have provided sessions of it to service users who are interested to learn how to use a computer and the internet*
>
> *One to one coaching and continuing assistance to new residents (or existing residents who have dementia)*
>
> *Staff enable the residents to use the equipment, they are not confident to use it independently*
>
> *Some attended the original training session that we had from [the software company]*
>
> *Support is given continuously to residents*
>
> *1:1 support and supervision for safe use of internet resources by service users, from staff. Our media studies tutor has supervised, advised and guided staff on putting in place the necessary protection to ensure that the computers can be enjoyed safely by service users without risk.*
>
> Managers, early implementer sites

One of the sites was planning on asking the local school to assist with teaching their residents to use the technology:

Time spent teaching residents how to use the I-pad. Reassurance and plenty of time. We are hoping to involve our local 6th form school/college to spend 1 to 1 time teaching some residents how to use the computers and learn more on the I-pad.

Manager, recent implementer site

However, at some sites it had proved difficult to interest the residents:

Residents were given training but were not interested

Manager, recent implementer site

Encouragement as and when needed. I have tried to encourage one of my ladies to purchase things online but she has told me that she has no wish to use computers which is a shame.

Manager, early implementer site

Domiciliary and community care

Only a few of the managers of domiciliary and community care services had provided training for their service users. Where they had, it was largely in the form of one to one support provided to the individuals by their care worker.

2.1.4 Training for families and friends

Residential homes

Some of the sites had provided training for family and friends of residents. In total, 41 per cent of sites had done so. Some 56 per cent of the recent implementer sites had provided training to family and friends while 22 per cent of the early implementer sites had offered training since the last survey. Mostly the training that was provided was fairly basic while some found that families did not really need any assistance:

Families have been invited into the home for training

Advice on getting onto Skype

Daily training for residents/relatives who use the laptops

We have not had to provide training to relatives or friends because all have their own equipment. We request email addresses etc to load onto our system. That's all we require. Some relatives ask to see how the system works at our end so we demonstrate either individually or together with their relatives

However as we heard in the interim survey, while some homes had worked hard to engage with families, several had met with a distinct lack of interest:

There has currently not been a lot of interest from visitors, despite holding an 'open day'

IT training was offered but family/friends did not enlist.

Domiciliary and community care

None of the managers in domiciliary and community care organisations had offered training as such to the family and friends of service users, although one said that they offered cascaded training through staff if required and another said that while they did not offer such training at the moment they would do so if this was requested. They planned to let families know that this facility is available to them.

2.1.5 Training for managers

Residential homes

We recognised that many of the managers would be as inexperienced with technology as their staff and therefore it was of interest to find out how many had undertaken training to help them work with the new systems.

Forty per cent of residential and care home managers had undertaken some form of training to help them use the new technology. At the recent implementer sites, 51 per cent of managers had received some form of training while some 25 per cent of the managers at the early implementer homes had had some form of training since the last survey. Given that twice as many of the managers at the early implementation sites reported having some form of training than did those at the recent implementer sites, this suggests there can be quite extended periods of time between installing the equipment and managers becoming fully acquainted with its potential. Mostly the training provided covered how to set up and/or use the various systems and programmes:

Guidance in creating workable information gathering/sharing systems

Learning how to Skype!

Formal training with the [provider] team and one to one training, in house, with [colleague] as and when required

Domiciliary and community care

Only two of the managers in domiciliary and community care organisations had received any training in IT: one had received in house training while another had taken an intermediate course in Microsoft Word to help her/him in designing training layouts. A third mentioned having mostly learnt through trial and error.

2.2 Funding for training

Those managers who had provided training for staff or residents/service users were asked if they had gained any funding to support them in providing training. Only a few – eleven across all the types of organisation surveyed – said that they had accessed some form of funding to provide training. Of these, three had incorporated the costs of training into their initial application to SCIE, while another three said it had been part of the package they had purchased. Only two appear to have found a separate source of funding; for one this had been in the form of a £3,000 Innovation Voucher funded by the East of England Development Authority for consultancy from the Rix Centre at the University of East London[1]. Another of the domiciliary and community care managers had obtained funding for training through the Care Alliance for Workforce Development[2].

2.3 Who or what helped with introducing the technology?

As we were interested in finding out what had helped organisations to achieve a successful introduction of the technology into the organisation we asked if anyone or any organisation in particular had been helpful. While the earlier feedback had indicated dissatisfaction amongst some managers with their supplier, several took the opportunity to say that they had received good service from the company that they went to. In particular, working with a company that was already known to them had helped:

> *The person who supplied the equipment and installed it. Because I had already used him previously he was aware of my needs and my/our abilities were eg he did not recommend anything too elaborate that would need a lot of management/sorting out.*

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[1] Managers at other organisations in the East of England region may wish to investigate this opportunity. Details can be found at: http://www.eeda.org.uk/3572.asp

[2] http://www.cawd.org.uk/

Several also referred to the helpfulness of some providers. Other sites had relied on the expertise of their own staff, and there was a view that in the absence of this expertise they may have encountered more problems and more costs:

> *I help out anywhere I can. I am interested in technology and had the necessary knowledge to install the technology we needed. I'm sure that we would not have been able to make as much use of the grant finance if I was not here and an expensive outside contract was needed.*

2.4 Conclusions

As would be expected within a sector with a historically low skills base, many of the organisations had needed help to get started. While there was some guidance available from the LASA and SCIE websites on both the tendering process and the equipment that might be needed, with hindsight SCIE has recognised that this could have been more comprehensive. That said, it became clear in processing the applications that some people had not read what guidance was available.

Also it should be noted that some suppliers had done almost everything needed in the application on behalf of the applicant – identifying particular hardware packages and software, rather than discussing the options – so that in those situations it was likely the manager may not even have considered the various issues that needed to be weighed up in making a decision. While this was helpful, it did mean that some organisations learnt little from the commissioning process unless and until something went wrong.

In general, then, it is clear that more guidance would have been appreciated by some of these organisations in making their initial applications to Get Connected. One approach that might be useful in future is a simple flow chart with linked guidance on what to take into account when designing and planning various types of installation and therefore in costing a project. Points to consider when starting out might be questions such as: how many routers will be needed, how to check signal strength, what thickness wall is likely to restrict wifi, the costs of software and how often it will need relicensing, different types of broadband or mobile contract and which are best in which situations.

SCIE has listened to these comments and suggested that one possible way forward is for SCIE to signpost guidance on these initial points to help any organisations seeking to introduce or upgrade ICT in the future. Any provider who would like to suggest things that might be included is warmly invited to contact SCIE through getconnected@scie.org.uk.

3 Use of the technology for training

3.1.1 Improved training opportunities for staff

One of the main objectives in distributing the Get Connected funding was to improve the training available to staff. In this chapter we explore the ways in which training was being delivered to staff.

Residential settings

A large proportion – 87 per cent – of the managers at the early implementer sites said that the technology was being used to provide some form of e-learning for staff. Seventeen per cent of managers at early implementer sites, and 19 per cent of those at recent implementer sites, said that their staff were using the technology to complete NVQs.

> *The staff use the technology to gather information for training & personal development, nvq studies etc. They also use the laptops for doing their studies within the communal areas which sometimes encourages the residents to become interested in the technology. Staff are able to take a laptop home if they don't have computers for personal development.*
>
> Manager, recent implementer site

> *It has made more training accessible to more staff. Night staff can undertake more training because day time is mostly difficult for them - that's why they work nights staff are becoming more confident with it & asking for different training packages on-line*
>
> Manager, early implementer site

In support of this, some 85 per cent of staff respondents from the early implementer sites and 91 per cent of staff at the recent implementer sites said that the technology had made it easier to access training at work . Those who did feel that the technology made training easier to access said that it was better than

having to 'go on a course', easier to fit around the working day and enabled people to learn at their own pace:

We use e-learning and this is much better than going on a course as you are more involved and learn at a better pace

Now access a wide range of courses relevant to the industry and easier to access on computer than via distance learning

E- learning is easier to fit around your work hours than training courses or paper based courses.

It made it easier because you can access it anytime.

Staff, early implementer sites

I have done my nvq 3 using the laptop. It was good because i could spend time researching on the net and doing the answers using word which made it look better and would help my spelling. I have also started doing some stuff on the essence of care and the internet has helped.

I use the computer as a learning tool. If i am unsure of anything i.e. What a medicine is used for i will look it up on google, look for forthcoming events which service users could go to. I have also used the computer for in-house training

I and other staff have made good use of e learning, and this has helped with the local authority qaf inspection.

Staff, recent implementer sites

Respondents mentioned the value of the training that was now available to them. In addition, it had been possible to use the equipment to design in house training or present existing training materials to staff:

We do training from SCIE website and department of health. We also use the computer for training DVDs.

We do online training and training DVDs which is good for refreshing our knowledge and it's convenient.

I have been able to develop and present training programmes in house to the staff group using the new it equipment which has made it easier for staff to undertake training and development.

Managers, early implementer sites

Our company is working with many e-learning providers to establish the best courses to use and we are also looking at the local authority's programmes that they have agreed with [name of software provider]

Domiciliary and community settings

Managers at three-quarters of both the recent and early implementer sites said that their staff were using the technology to access online training opportunities.

> *We source and provide training material directly to our staff from online research. Also, we provide professional online training courses from 'Social Care TV' for all our staff. Our systems are used to access training for NVQ and diploma courses by and for our staff.*
>
> Early implementer

> *Our staff are now able to access online resources. This has been extremely beneficial to us. It has opened up the opportunity for our staff to utilize online training. We have always ensured that our staff are trained but it is always problematical trying to bring everyone together at a specific time, particularly considering the nature of our business. We have a room which is available to all of our staff which is away from telephones and distractions and the online training has been well received. The laptops have also proved very useful to our administration staff. Times have changed and they have often needed internet access to find important information.*
>
> *A dedicated Training portal that enables the staff to achieve great results in NVQ qualifications and stay up to speed with new legislation and policies.*
>
> *Recent implementers*

Other managers might take heed of the experience of one of these managers. They had found that, although online training is flexible, nonetheless there can remain a need to schedule training sessions or else the training may not be completed. Additional support may also be needed to help the person understand the training and put new knowledge into action.

> *Staff are able to use the equipment to access 'log on to care'[3], our own e-learning system and other online resources. We have found that we need to schedule their time to do this. Loaning a staff member a laptop to take home does not always result in them completing the training adequately.*
>
> Early implementer

One had found that changing circumstances had meant that there was less need for use of online resources now and as a result this had led to some momentum being lost in trying to encourage staff to use the technology:

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[3] http://www.logontocare.org.uk/

We had hoped that staff would use it as an aid to their NVQ/ QCF studies, however we have had very little take up. We have promoted the equipment in several staff meetings but not had much response. The NVQ provider we are now engaged with are less web based than the organisation we were using at the time of the Get Connected project.

Recent implementer

3.2 Conclusions

The technology is clearly being used in a range of ways to support training of care staff, using a range of training approaches from the very informal to more structured formats. However, some staff may need encouragement and support to fully engage with this as a mode of training – some form of human support for the learning is likely to be needed, at least for some staff. Such support is likely to be especially required in a sector in which basic skill gaps have been identified in a large proportion of the employee population.

4 Use of the technology

Responders from recent implementer sites were asked how the technology was being used, while those who had replied to the previous survey were asked if there had been any further developments in use of the technology since the last survey. Forty of the early implementer managers in residential homes (61 per cent) reported that there had been further developments since the first survey. Twenty-three said there had been further developments in the use of technology by staff (38 per cent) and the same proportion said there had been developments in use of the technology by residents. Thirteen said there had been further use by families and friends and 17 said that they themselves were using the technology more.

In domiciliary and community care organisations, six of the twelve managers (50 per cent) who had responded previously said that there had been further developments in use of the technology.

4.1 Use of the technology

Managers were asked if the technology was being used as they had originally anticipated. The great majority of managers in residential, domiciliary and community settings felt that it was being used as expected, but a few felt it was not. Where they said it was not being used as they anticipated this was attributable to three main reasons: firstly, less interest amongst residents and service users than they had anticipated; secondly, less interest than expected from staff, and thirdly (and this last point was mainly confined to those working in residential settings) a disappointing response from resident's families:

Less use by residents and their families than I expected

Expected more from families and friends especially e-mails with photos and Skype

Managers, residential settings

We expected more interest from service users than there has been. One issue has been the passing away of service users that took part originally and no funding to support ongoing training of service users that are interested. We did have interest in a computer club but there are transport, premises and funding issues around this. We are still talking with other organisations to see if we can link up with a charity or other organisation to help support a regular computer club.

There has not been as much use of the office-based PCs by care staff as anticipated. We always give staff the option of completing a course online using our facilities or at home using their own and fewer than expected have used the office-based PCs. The office-based team have used them far more in induction training and refresher training than anticipated.

Managers, domiciliary/community settings

4.1.1 Use of the technology by service users

Residents

Residents were asked how they were using the computer. Table 4.1 shows a summary of the activities for which the technology was being used by residents:

Table 4.1: Main uses of technology by residents (all homes)

Activities	N (base = 96)	%
Surfing the web	16	16.7
Email	15	15.6
Hobbies	11	11.5
Word processing	8	8.3
Contributing to careplan	8	8.3
Sending photos	6	6.3
Internet shopping	6	6.3
Storing photos	5	5.2
Sending documents	4	4.2
Calendar	3	3.1
Skype	3	3.1
Internet banking	2	2.1
Uploading music	2	2.1
Photoshop	2	2.1
To arrange personal services	1	1.0
Chatrooms	1	1.0

Activities	N (base = 96)	%
Downloading music	1	1.0
Spreadsheet	1	1.0
Presentations	1	1.0
Campaigning	0	0.0

The table shows that the majority of activity involves email, surfing the web and hobbies. After that, residents are mainly using the web for word processing and, interestingly, for contributing to their care plan (and note that one person also reported using the computer to arrange personal services).

Table 4.2 shows these activities split to show the frequency with which the technology is being used for these activities amongst the newer and the more experienced users. However, since only three of the residents who had responded previously completed the survey this time, this does not give a very reliable picture and it is difficult to gain any real view of how use is changing over time.

Table 4.2: Main uses of technology by residents (recent users compared with longer-term users)

First time respondents			Repeat respondents		
Activities	N	%	N	%	Activities
Surfing the web	14	19%	3	100%	Email
Email	12	16%	3	100%	Contributing to careplan
Hobbies	9	12%	2	66%	Surfing the web
Sending photos	6	8%	2	66%	Internet shopping
Word processing	6	8%	2	66%	Hobbies
Contributing to careplan	5	7%	2	66%	Word processing
Sending docs	4	5%	2	66%	Calendar
Internet shopping	4	5%	1	33%	Arranging personal services
Storing photos	4	5%	1	33%	Internet banking
Skype	3	4%	1	33%	Chatrooms
Photoshop	2	3%	1	33%	Uploading music
Internet banking	1	1%	1	33%	Storing photos
Downloading music	1	1%	1	33%	Spreadsheet
Uploading music	1	1%	0		Sending photos
Calendar	1	1%	0		Sending docs
Presentations	1	1%	0		Downloading music
Arranging personal services	0		0		Photoshop
Chatrooms	0		0		Skype
Spreadsheet	0		0		Presentations
Campaigning	0		0		Campaigning

Amongst the early implementer sites managers' descriptions of developments in the benefits seen by residents were mostly in terms of further use of the technology. However, this mainly meant that more residents were using the technology rather than any change in the ways in which the technology was being used. Uses were largely similar to those reported in the earlier survey and by the more recent implementers: skype, email, reminiscence activities and online shopping were most often mentioned:

> *Emailing relatives, looking up information on varying subjects. Ordering flowers for their loved ones birthdays and anniversaries. Choosing clothes with the help of relatives and staff members. Reminiscing, looking through photographs and listening to any music they choose on YouTube unlocking precious memories.*

> *Using Skype with our support. Have had a couple of student volunteers to help residents access the internet. Using laptop as portable device to show photos to room or bed bound residents.*

> *Increased numbers of residents & family are using the technology available, mainly Skype for keeping in contact.*

Some however had found it challenging to engage the residents in using the technology. A particular challenge was to find appropriate software that would help them to engage residents, especially those with dementia:

> *Most of our residents have now been diagnosed with dementia, and those few with full or substantial capacity have died. We are finding it increasingly difficult to maintain any interest in the various reminiscence tools (quizzes, newspapers etc) and there is no interest/understanding of other tools such as Skype/internet/dolphin etc.. We are currently trying some younger children's games, but these are basically electronic replacements for games we already have.*

Staff largely agreed with the managers and said that more service users were using the technology. Some gave further details of the sorts of activities that they had been assisting residents to participate in:

> *One resident has asked to use the pc so she can research the area she grew up in.*

> *Listen to old music and watch old films. Also using Google earth, they are able to 'visit' anywhere they would like to go. They can also contact any relatives and share pictures with them.*

In particular seeing their friends start to use the equipment could help lead to a 'snowballing' of interest and therefore some of the early implementer sites were seeing more widespread interest amongst residents:

More residents are interested in learning how to use the equipment which has a knock on effect when the others see someone doing something new.

Most of the residents new to technology said that they could not use a computer on their own (ie they needed assistance) and only a quarter had used a computer before they had moved into the home. Mostly they had previously used a computer at home, although a few mentioned using them in friends' homes, in the library or in work. For the majority of the users, almost everything they could now do now had been a new experience:

I know more about the internet now, and can understand what people are talking about when they mention it on the news.

I have never used a computer before so it is all new to me.

Many of these respondents were therefore still learning what was possible with the technology:

I've learnt how to edit photographs, how to make them into cards and to send them on email. I've learnt how to watch videos on the computer and how to listen to music and radio.

I've learnt how to write letters on the computer using 'word' this has helped me a lot as my writing deteriorates. I've learnt how to follow the sports I enjoy on the internet too.

I've learnt how to do research on local history on Google and I've learnt how to search for videos I like on YouTube and I send emails to my family in Canada.

There seems to be some suggestion that the more experienced users in the early implementer homes were starting to learn to do more sophisticated things with the technology, although it is difficult to form any real conclusions given the very small sample:

Spreadsheets to put in my pool team results in and I am learning how to do bar charts. Learnt how to design posters using Microsoft word.

I now do simple brain training on websites. The activities coordinator showed me how to save these on favourites. I do internet shopping so have set up a PayPal account and I've wrote lots of letters. I also photocopy letters onto different coloured paper so that I can read it better.

One of these residents was now helping their friends to learn to use the computer:

I've received a new computer in my bedroom, help friends with their computer skills, send emails to friends and family, did maths test online and other work.

Service users in the community

Table 4.3 shows the main uses made of the technology by users of domiciliary and community services. The table shows the responses from those who were responding to the survey for the first time; only one domiciliary care service user was a second time respondent, and they reported using the technology for the following purposes: surfing the web, internet shopping, arranging personal services, hobbies, Skype, presentations and contributing to development of their careplan.

Table 4.3 Main uses of technology by service users (domiciliary/community)

Activities	N (base = 32)	%
Surfing the web	17	53%
Hobbies	17	53%
Email	15	47%
Internet shopping	13	41%
Skype	12	38%
Contributing to careplan	11	34%
Sending photos	10	31%
Downloading music	7	22%
Word processing	6	19%
Arranging personal services	5	16%
Calendar	5	16%
Chatrooms	4	13%
Photoshop	4	13%
Presentations	3	9%
Sending docs	2	6%
Storing Photos	2	6%
Internet banking	1	3%
Uploading music	1	3%
Campaigning	1	3%
Spreadsheet	0	0%

The table shows that slightly more of this group of service users were using technology to contribute towards planning their care and arranging personal services than amongst the users of residential services.

Managers were asked about the benefits that they were seeing for service users. Again the focus for these respondents was primarily on the ways in which the

technology was being used. Several of these uses were the same as those seen in residential settings:

> *Three further service users are now making use of the Skype facility with my assistance. Service users have also had sessions where they have been shown how to access pictures and information from the internet. This formed part of a calendar making session and a big memory lane project I set up looking back at 1956.*

> *As previously for life story work and to access information/resources for people provided with care. Hope to build on this more in the future as currently we are only a small organisation.*

However, it is noteworthy that there were some ways in which the technology was being used with this group of service users that was different to that reported for the residential group:

> *Service users have peace of mind knowing that the visits are electronically logged in and out to the exact minute and not having to check all their copies of service delivery records when they have received an invoice.*

However, some managers had encountered difficulties in rolling out use of the technology to service users in the community, sometimes for reasons outside their control:

> *Service users have shown little further interest. A large proportion of the original service users that took part have now passed away. We had been hoping to organise a computer club for service users but there have been difficulties with both funding and suitable premises – this is partly a result of government priorities changing but also local authority changes. Some of the original service users that took part said it was a 'nice idea' but most felt borrowing a computer for short periods of time difficult to keep up with things like e-mail. Feedback we received indicated most of those that took part would prefer a regular weekly or bi-weekly 'computer club' where they could come together to use the equipment. Transportation has been a very big issue in the area, mini-buses suitable for wheelchair uses is minimal and some taxi companies charge £2.50 - £3.00 a mile which makes a round trip (we are in a rural area) between £30 - £60. This cost makes it unviable for some service users to use taxis at all other than for emergency use or planned appointments. There is a volunteer service but this is not always available and is very busy during the weekdays with hospital and gp appointments. This aspect coupled with suitable premises to accommodate the service users needs has made it difficult to organise a place to run a computer club.*

Some care staff gave examples though of the ways in which service users in the community were using the technology, in one case to helping the individual to organise their social life:

Increased confidence in their ability to use a computer, plan a bus route. Arrange a day out, keep in touch with friends and family.

Skype to keep in touch and develop relationships with family and friends. Improved and more accessible person centred plans for individuals. Facebook for networking and keeping in contact with friends and relatives. Booking shows/concerts etc that they are interested in. Using digital cameras and transferring to computer, documenting activities they do and places they go to share with families and friends.

Staff members, domiciliary and community care services

The comments from the service users supported the suggestions made by managers and staff that the technology was bringing benefits to users in the community:

I can book outings and visually see where I want to go and see if I'm going to like it. I also do a lot of online shopping as I live in a small village.

I can now do my homework at home instead of going to the library.

I can plan my holidays and activities all on computer and save them in my file.

Domiciliary and community care service users

4.1.2 Benefits for staff

Staff in residential settings

The majority of managers at the early implementer and recent implementer sites reported that their staff were now using the technology for training and learning. Three-quarters of managers reported the technology was being used for training.

All staff are now doing e-learning, and are also using the computers for internal care plan training. They are also doing NVQ/diploma training on the training computers. One to one training is going on for the assistant manager to attain an NVQ level 5.

More staff are now using the systems. Some have user e learning to obtain qualifications. They appreciate being able to do this at work and in the workplace as the alternatives would require breaking into their own time and travel to another town. They are being interactive with the service users enabling them to contact their relatives at home and abroad.

We have used the funding to purchase laptops to assist with training. Carers have access to use the laptops to find literature to help them with day to aspects of work.

We also use the laptops for online training such as scie online training courses and to use the for NVQ\diploma portals online.

Downloading information for the cooks re nutrition, watching training videos, resourcing training which has been emailed to us, information to help with NVQ training.

Managers, early implementer sites

Used for gaining information to support ongoing professional development through internet or other sources. To develop individual computer skills.

All staff (54) now have access to the new technology. Training is underway for those not familiar with IT 15 staff currently undertaking QCF level 3 are using technology to help with their studies We plan to replace paper memo communication with e-mail as a faster more efficient way of communication.

Using for research, looking for information for activities, on line training.

Staff are accessing training modules on line / able to research drugs / conditions etc that our residents may take or suffer from.

Managers, recent implementer sites

Some also described the ways in which the staff were using the technology to improve services for residents:

Using cameras to record events, trips etc and clients' lives generally and using software to make CDs, DVDs etc for families.

We have more e-learning and have also introduced care docs for all residents and staff records. Staff also use the internet for activity programmes for the residents.

It is easier for the carers to do research on the service users, for example about new medication that the service user may be taking etc, it is also easier to do care plans and daily logs about the resident using the computers.

Managers, early implementer sites

Using for research, looking for information for activities, on line training.

Staff are accessing training modules on line / able to research drugs / conditions etc that our residents may take or suffer from.

The staff are now able to set up care plans and spread sheets and use the internet for information.

Compiling support plans. Risk assessments. Updating families of service users, care managers etc.

Searching for information eg best hotels/resorts for wheelchair users etc, cinema/theatre shows. Purchasing groceries etc. Printing off forms/key worker items rather than running out and having to hand write them.

Managers, recent implementer sites

Staff too commented in particular on the ease with which they could now find information and the impact this had had on them:

Becoming more confident, researching areas for development in my new role as deputy manager.

Ease of access to information and speed at which documents can be found etc.

I find it easier to produce my documentation and information, I keep in touch with local groups and events and also am able to keep better records and find new information.

However, over the longer term there had been some challenges. Staff turnover meant that there was ongoing need to train staff in the use of the technology while the need to cut staff hours in another home meant that there had been less time than anticipated to use the equipment to its full potential. A small proportion of staff – under ten per cent of staff who responded to the survey – said that they were not able to use the computer as much as they would like at work or that they did not use the computer at all while at work. No reasons were given for this.

Benefits for staff in domiciliary and community care settings

The majority of managers in domiciliary and community care organisations pointed to use of the technology for training as the main benefit. However, the equipment was helping some staff to do their job more effectively:

Some staff have the equipment permanently – they can use the equipment for completing care plans/risk assessments/training and also to provide information to service users. We are also using the equipment to train staff in-house and our staff are able to visit service users with the equipment.

Staff now receive their weekly rota from the system, this has a lot more in depth information attached to it for them to follow. Staff are able to log onto easy tracker and register private visits as well as social service visits.

One also pointed to the time it took for users to become fully confident in their use of the technology:

Team leaders are actively developing skills, becoming more confident with the introduction of portable laptops. This also reflects in the time spent within the office updating the data base being reduced, thus allowing them more time engaging with

both the staff & service users. The majority of the staff are still reluctant to use the equipment however, we will be conducting workshops through out 2012 thus encouraging personal development.

The staff themselves pointed to a range of benefits. Several spoke of the benefits gained through more ready access to training:

It has given me more confidence in using it generally and also more specifically to my job. The training that I have done has enabled me to gain my NVQ and also do courses that I would not have had time or inclination to do otherwise. This means that I feel more confident and knowledgeable in carrying out my job.

It has been very useful to login and learn or refresh a subject which should help us improve how we deal and care for our clients.

In addition, staff felt that they could do their jobs more efficiently now, either as a direct result of having the technology available or as a result of accessing training.

4.1.3 Benefits for family and friends

Family and friends of those in residential settings

Fewer pointed to the benefits for family and friends of residents. However, where staff in residential homes had managed to engage with family members, there had been some real developments seen:

One aspect I hadn't anticipated was that when young children come in to visit it can actually aid the visit giving the young person something to do & helps interaction with their gran/grandad – it is a fun visit and children are keen to come to use the computer!

Computers are used regularly as a training and discussion tool at our monthly family of residents and friends support group (understanding dementia DVD's and workshops).

Now that we are on Facebook, families and friends can post messages on our wall for their families. After the fete, some families also posted photos that they took which was great. They are really pleased that we have the facility for them to communicate with their family, especially the ones who live far away.

Managers, residential care, early implementer sites

Relatives & friends email holiday photos and personal occasions photos etc. The facility to skype is available but not yet a common activity. Relatives and friends feel that they have become more involved with their loved ones daily lives. Some

relatives and friends are sending emails on a regular basis keeping their relatives or friends up to date with their day to day lives.

Friends and family of our residents are now able to email their relatives. Some visitors have used our lap tops whilst visiting to show their relative something on computer.

Managers, residential care, residential care, recent implementer sites

One had involved families as a strategy to engage with residents:

We are grateful for the support of families in the introduction of this technology – the primary goal is to create a good reasons why the service users would want to use it – the best way forward is with SKYPE but this takes the families to be up on it as well – hence their support is vital.

Manager, residential care, recent implementer site

Unfortunately, as we found in the first survey, some homes had had little success in engaging families despite some efforts made by the staff:

Unfortunately there has not been many people us[ing] the facilities we purchased with the funding. We did write to each family member, posted news letters and had residents meetings but the only people that wanted to use Skype are the people who live in Australia. We mainly use the laptops for reminiscence.

Not much. One relative used a computer to show her mother some family pictures and holiday photos.

Managers, residential care, early implementer sites

Families and friends of those in the community

When asked about benefits for family and friends, only two of the managers of domiciliary or community care organisations felt there had been any benefit. However, several mentioned elsewhere that families were using Skype and email to stay in touch. One felt that the technology enabled family and friends to be reassured over quality of care received:

Family and friends have peace of mind knowing their relatives are more content and in receipt of a better quality in care.

In one case the experience was so positive it had led to a family member buying a computer for the service user:

Feedback from family's and friends is consistent with service user comments. One family member bought their relative a laptop as a result of the training.

There were no real comments about the impact on friends and family from domiciliary and community care staff.

4.1.4 Benefits for managers

In both the residential and domiciliary care sectors managers were using the technology to access training, and, in addition, some were using the facilities to help them design and deliver training to their staff.

Help bring more of our training content in-house.

While the funding had not been aimed at improving the administration of care organisations, nonetheless several were finding that there were side benefits with this. One domiciliary care manager said that the equipment and staff development had allowed them more time to engage in other activities while others pointed to the way in which it was helping with administration.

Staff and carers personal information can be accessed from the system. Logging calls on the system instead of using books. Reports and surveys can be generated. Invoices can be generated from the system.

In particular they found that the new technology helped them to communicate with service users and staff

[I] now receive more emails from families to read to the residents. In a way it has made us all more involved with the residents which can only be a positive thing.

Introduction to the home of the care docs package extra computers in the home have been an added bonus which gives all of us more time. Prior to the get connected programme we only had one computer so it has made a big difference to us.

Residential care managers

One home had used the technology to publicise the work they were doing to family and friends, while a domiciliary care service manager was using the technology to market the company:

My Home Life[4] *is a useful resource which informs family and friends and the public about the good work that is carried out in residential care. Any projects we have within the home can be posted on this site for all to see and for homes to share and learn from others' experiences.*

Residential care manager

[4] http://myhomelifemovement.org/ My Home Life is an initiative aimed at improving the quality of life of those who are living, dying, visiting and working in care homes for older people.

Utilising and enlarging web site, online customers and building communications programme.

Domiciliary care manager

4.2 Impact of the technology

Managers were asked about the impact the technology was having on residents, their families and friends, and on their staff. Staff were also asked about the impact of the technology on themselves and on their service users.

4.2.1 Impact on service users

Residents

The managers reported many benefits for residents. Amongst both the recent implementers and the early implementers managers had noticed an impact on the quality of relationships with staff and the ways in which they interacted:

In general our staff have very good relationships with the residents but I do feel that the IT equipment has had a massive influence on the residents' relationship with our activities co-ordinator.

Residents are still cautious regarding technology but relationships with staff have improved as you have the young and old interacting which is good from both sides.

Staff can use the time to build one to one relationships but also it can help group sessions and understanding and build relationships between residents – sharing the same music, looking at the same places.

One manager commented that they had found that ideally there needed to be a dedicated member of staff and an allocated time for spending time with residents on the computers to get the maximum impact from the investment. Others noted the growing confidence of their residents and also that the technology had sparked new interactions between the residents:

Some are advancing quicker than others. There are a few examples where they are making good headway and one in particular where this is providing the main form of communication.

The computer group has seen residents develop a new mutual activity which cuts across a large spectrum of ability. Service users are thus mixing with other service users with whom they previously had little in common.

Gradual impact on confidence/growing confidence and independence.

Certain residents will book time in their planned activities to use the computers. We are trying to build the confidence of the residents to use them without staff.

However, while some residents clearly enjoy using the new technology their use is more limited and they have not really attained a sufficient level of confidence to enable independent use:

Residents have really enjoyed what they have experienced but not enough to promote independent use [that] would need a lot more one to one time.

In general, they are showing more interest but are still reluctant to use equipment.

The generation of residents we have at present have not really taken the internet on board. A few have enjoyed the convenience of online shopping (with staff assistance) but uptake is a little slow. I see the facility being used more in the next few years as the next generation of resident come in.

Some had found that the contracts they had initially signed up to did not really allow the technology to be used in the ways they had anticipated and so were revisiting these issues to ensure provision better met residents' needs:

We have little interest from residents except one who is a younger male. We have found that all residents enjoy watching the photos, but that cannot be done using the format supplied by [the software] so I have decided not to renew their contract and use Windows with the touch screen and large keyboard. They enjoy watching items on YouTube but as it is a better size on the TV I connect a laptop to the TV and follow their requests.

Staff too commented on the challenges the technology could present for some residents and the types of support that were required to help them make use of the equipment:

Some of the residents are understanding more about it and how to use it but most of them have short term memory loss so it is hard for them to remember most of the time but the carers are there to help.

Our residents have dementia, but enjoy looking at photo of themselves and family members on large screen tv.

Service users can shop on-line this help with confidence, and staff can help the service user which adds to a good relationship.

Service users in the community

Managers and staff felt that the technology had had real impact for some domiciliary and community care service users. As in the residential setting, though, several commented on the fact that some of their clientele remained

steadfastly disinterested. Where service users had been persuaded to engage with the technology, though, managers and staff pointed to the range of benefits that could be seen:

> *Individuals becoming more confident with all aspects of it, skype/facebook/word/symwriter/powerpoint/photos. Adds a new dimension to how staff can support individuals to learn these new skills. Adds to information they are able to access and learn and join in with – finding voluntary work/accessing community activities. Several people i support find certain programmes on tv incredibly important to them and would not go out in case missed them – they now fully understand and use iplayer and playbacks to watch at anytime expanding their social life.*
>
> *Absolute amazement is the only way to describe the impact of the webcams and participation in family celebrations, while those making use of the Wi-Fi are finding they have more social facilities and thus independence as a result of being connected.*
>
> Managers, early implementer site
>
> *All services users enjoy using it, it has helped them to express themselves and communicate their own choices and preferences. Increased confidence and self awareness.*
>
> *Helps them with communication, gaining confidence in using computers helps with basic skills. Helps them keep in touch with friends and family,*
>
> *Service users love using the computer... It is a major part of their relaxation and leisure time.*
>
> Staff, early implementer sites

4.2.2 Impact on staff

Residential settings

Many of the managers of residential homes reported increasing levels of confidence in using IT amongst their staff. In turn this had led to a 'virtuous circle' of improved access to training and knowledge and further confidence:

> *Carers have certainly improved their it skills. Those who do not have computers at home have had new experiences. Confidence building for all.*
>
> *Knowledge is improving and training can be done in the relaxed atmosphere of the Home. Staff are pleased to be able to improve their computer skills and I am always willing to give them one to one training.*

Staff are in general getting better IT skills, we still have a few staff who are lacking in confidence but they are learning from each other and improving.

Staff have grown in confidence and bearing in mind that some of our staff had never used computers before, this is progress.

More and more staff are losing the 'fear' of technology and are beginning to embrace the new equipment / experience.

Managers, early implementer sites

The technology had impacted on general management processes and there was evidence too that these changes in staff skill levels were beginning to impact on service delivery:

Staff are slowly using the laptops for more reports, time sheets etc. I have further projects in mind. i.e. to expand the daily sheets for each resident, etc.

Staff's confidence is growing & they are now using the equipment more when planning care & support and are encouraging service users to sit down at the laptops & research things for themselves.

Staff are developing new uses for IT systems to develop themselves and interact differently with service users.

Managers, early implementer sites

Domiciliary and community care

Many of the mangers mentioned the impact on staff indirectly in answering other questions: the feeling that they are now providing a better service as a result of the increased availability of training, have more facilities to offer clients; can work more effectively, and perhaps above all, a sense of improved confidence. The staff comments were very much in line with the managers' views, too, with many of them in particular mentioning the impact that experience of learning to use the technology had had on their confidence:

Monitoring information. Company emailing, updating information , typing up house meeting minutes, accessing useful information. Training. Accessing company rotas. Evidencing supporting people to access the community through documentation and photographs, checking the CQC website.

Manager, domiciliary and community care, recent implementer

Improved attitude to using IT and understanding of how we use it in our organisation. Generally more confident.

Manager, domiciliary and community care, early implementer

Becoming more experienced and learning more about different programs their capabilities and different ways to use them in day to day work to improve an individuals understanding of information trying to get across. Been able to learn more as able to access further online training.

Confidence using the computer

Has helped with my confidence

Confidence

It is giving me the confidence I need through the knowledge I am gaining.

Feeling more prepared for events.

I have become more confident. I have enjoyed training online. I have learned a lot.

Staff, domiciliary and community care, recent implementer sites

4.2.3 Impact on family and friends

Residential settings

The managers of residential homes listed a range of benefits that the new technology had brought for the families of residents. The ability to keep in contact on a more regular and unscheduled basis was seen as a particular benefit:

Email is seen by many family members as the first ever contact communication to them from the service user. Sure birthday and Christmas cards were always typically sent by staff for the service users but email has enabled contact on an unscheduled basis albeit with the help of staff. I have received reports from family members expressing their delight at this new involvement in the daily life of a service user.

Those that use the available wi-fi or the internet cafe with their relatives do so as if they were at home or in a hotel. I think it gives them freedom to access what they feel they need and as a result probably spend a little longer visiting because they feel less cut off whilst visiting due to the increased level of connectivity that seems to be demanded by the younger generations of today.

Managers, early implementer sites

Progress at some sites was being delayed by families themselves not availing themselves of the opportunities provided by the technology, although for some, the availability of the technology at the home made it easier for them to visit:

We are still waiting for family members to set up Skype. But when they are able to use this it will allow service users another means to keep in touch with their family; particularly for service users with no verbal communication who are unable to use the telephone.

In some instances our residents are now more technically aware than their relatives!! but certainly the heighted connectivity has played dividends for a number of our relatives, while others are now able to maintain contact with work etc whilst on-site visiting so I presume we may start to see more of them!!

Managers, early implementer sites

Domiciliary and community care

Many of the managers in domiciliary and community care settings pointed to the improved efficiency of the service they could now provide to service users and their families as a result of the technological upgrade:

Supported with information and resources that they need without having to search through reams of information and therefore more efficient. As the company grows we would like to develop this much more and with all service users.

For family & friends all visits will be logged to the exact time, there can not be any queries regarding the time carers have booked down on the service delivery records. Also they are at peace of mind knowing that no visits can be missed as the new system will alert me.

Domiciliary and community care, early implementers

Gaining information regarding guidelines, activities, planners, health & well being.

Better communications with family and friends and office via email for useful information regarding the care of clients

Domiciliary and community care, recent implementers

Staff members in these settings also pointed to the greater efficiency and also to the more general and indirect improvements brought about through greater access to training:

These are able to enjoy the pleasure of witnessing their loved-ones receiving a higher standard of care owing to the additional (online) training their carers have now received and they too can now make use of the option of online communication with [our] office if they so wish.

Feeling delight at receiving emails/pictures from their family members. Ability to remain in contact without the cost of phoning all the time.

Better communications with family and friends and office via email for useful information regarding the care of clients

Staff, domiciliary and community care, recent implementers

4.2.4 Impact on managers

Managers were asked to comment on what impact the technology had had for themselves. However, it should be noted that many of the responses they gave to this question were observations of how they saw the technology impacting elsewhere: improved interactions between staff and clients, seeing the difference that the technology made to clients, seeing the impact of training on staff.

Residential homes

In residential homes many managers spoke of the impact the technology was having on activities within the home, including training and the wider service to residents:

Using power point presentations allows us to provide some in house training and provides another medium to use during staff meetings. Having something visual to respond to has made staff discussion more engaging & proactive.

Seeing the IT being used is wonderful, particularly seeing the client who finds other communication very difficult – she's a whizz on the computer and is using it to keep in touch with people and family outside (she can no longer use a telephone).

I now feel that I am providing a more quality service by giving our residents an opportunity to have a more special contact with their loved ones which must enhance their lives.

However, many did speak of the impact it had had for them, personally, and in many cases their comments were similar to those that had been made by staff, with many speaking in particular of the boost it had given to their self-confidence:

More confident and motivated to find as much information and courses for the staff to improve the service we offer.

More confident with up-to-date information

My IT skills have certainly improved since the get connected programme and I have also built up my confidence.

My confidence has risen dramatically and I really enjoy passing that onto staff with less confidence.

In addition, they mentioned the fact that the technology had freed up time and changed they way they worked:

Freed my time up to focus on other things, knowing staff can access information of the computer as well as support service users to use it. In the past it was all reliant on me. This is now not the case.

I utilise the internet on a daily basis, we correspond a lot through email and all of our residents' relatives use the email system to send newsletters etc to their parents / aunts / uncles etc.

Domiciliary and community care

At domiciliary and community care organisations managers' accounts of the impact for managers fell into similar categories: the pleasure gained from being able to offer improved services to service users, improvement to training and office systems, and the greater efficiency this brought:

The ability to offer the above webcam facilities has been extremely rewarding from my perspective and I foresee the internet; computer usage, online shopping etc being a growing need for the age group I care for and a clear way with which to maintain contact and independence. As an advocate of technology prior to the grant my attitude has only been bolstered by the installation of this hardware within my home.

I have become more adept with the computer and not as reticent about trying new things.

More training can be undertaken in house reducing the need and cost of backfill.

Improved knowledge of it systems and skills that can benefit the people we provide with support, staff and myself and additionally for improved support of relatives as we can access information, forms, resources for them on-line and therefore more immediate support. Greater scope for myself as we look at alternative ways of doing things and of presenting information to people in the format that they need

Increased contact with staff better knowledge

We expect to be using electronic monitoring system in the future so the increased acceptance of it will make a difference

The new system has saved myself a lot of unnecessary paperwork, forms and phone books, the system has everything I need to filter through to c.q.c requirements. Staff can be allocated to clients more efficiently

4.2.5 Impact on increasing personalisation

Managers, staff and residents were asked whether they believed that the technology was having any impact on the extent to which the care for residents could be personalised. Across all sites some 43 per cent of managers believed it had helped increase personalisation, but more than half (57 per cent) felt it had not had an impact on the extent to which care was being personalised.

Only two of the managers who believed it had allowed them to provide a more personalised service gave any further comment: one pointed to the fact that while they were trying to use the technology to provide a more personalised service this was a struggle with decreasing capacity; the other said that the staff team were supporting their autistic spectrum residents to access resources and services, such as educational programs.

However, set against this, most of the staff across sites did feel that the technology would allow them to offer a more personalised service (85 per cent of early implementers and 82 per cent of staff at recent implementer sites). While in this section most spoke of the way in which they worked in a more individualised (one-to-one) way with residents on various computer-based activities, some did report on the way in which the technology was enabling residents to have more direct input into design of care packages:

> *Residents are now able to input directly into their care by creating their own one page profiles etc. The use of the it equipment also creates new opportunity for one-to-one sessions of support.*
>
> *Able to keep more accurate information on residents care and preferences and to monitor any changes.*
>
> Staff, early implementer sites

> *Helps with individual timetables being able to get prescriptions easier and quicker and have more information to hand to assist them.*
>
> *I can now produce person centred care plans using the new computer and administration work is also a lot easier too.*
>
> *They are involved in their care, and able to make decision based on information provided verbally, in writing, in format of pictures, enlarged prints easy to read, etc*
>
> Staff, recent implementer sites

Domiciliary and community settings

Over two-thirds of the recent implementers and over half of the early implementers in domiciliary and community settings believed that the technology

was enabling service users to access more personalised care. Quite a wide range of benefits were arising from use of the technology within the community that was helping service users and their families access the information they needed to gain a care package that more closely met their needs.

Service Users are able to work with staff to produce the work that they want: one man comes to get help with a script he is writing, another comes to work on his song-writing and is hoping that he can record a music video when the song is ready. We are able to offer this sort of personalised support which people have been missing previously. Personalisation has brought more choice to the user, technology is a key in getting all the information on the services available and the choices they are able to make.

Direct payments, benefits, information on services/industry

Service users are able to access information online at home with the wireless internet access we use.

Recently being used by my team to provide an online network of support for two people with Autism.

Domiciliary and community care managers, recent implementers

More customers have personalised rotas sent to them, we are also now able to cater more easily to specific time slots required by customers.

They have used the computer to design their own tenant handbook and design their own person centred care plans and review notes.

By being able to access our online service for carers breaks through our Team Leaders and Assessors.

Staff are able to use the equipment to alter care plans and other documentation more quickly. This is resulting in quicker changes for service users. Our Supervisor is also able to use the equipment to access information which has enabled her to better advise service users.

Domiciliary and community care managers, early implementers

4.2.6 Quality of care

Residential settings

Whilst fewer than half of the early implementer managers had felt that the technology could help them in giving an increasingly personalised service, the majority (88 per cent) felt that the technology was helping them to improve quality of care for residents. However, only one comment was received describing how

quality of care had changed, and this person felt on reflection that the technology had less impact than they had expected. Therefore, while the managers felt that the technology had helped improve quality of care, they mostly could not say how it had done so.

The great majority of staff at the early implementer sites – 93 per cent – felt that the technology had improved quality of care. Some pointed to the increased training for staff which led to better standards of care, others said that the computer reduced the amount of time spent on 'paperwork' and hence released more time for care, and others pointed to the additional activities available to residents via the web. Another cited a more person centred approach to caring while another commented that more training made them better equipped to understand the client's needs better. However, several pointed to the impact that more ready access to information could bring:

> *Improve the quality of service that you're giving to the service users because of the updates and information that you can get.*
>
> *It allows us to check on the latest information and procedures that we need to deliver the best care. We also used the IT a lot when going for the gold standards award.*
>
> *Being able to keep up to date records and care plans in place ensures that everyone has access to these and are therefore able to provided a uniform level of care to the resident which is tailored to their needs and preferences.*
>
> Staff, recent implementer sites
>
> *Their life story work is brilliant I have not done this before and it really helps me get to know the resident I am working with.*
>
> Staff, recent implementer site

Residents were asked if they had noticed any improvements to quality of care arising from use of the technology. Amongst the newer users and the more experienced users there was a view that the technology was helping staff meet their needs and their comments mirror those from the staff respondents above:

> *It helps the carers and nurses keep more accurate information on my care needs and also with contacting the GP surgeries.*
>
> *The carers seem to be able to get more information and therefore can tell me more about my care, they keep good records of my appointments too so they can follow up on any appointment I have.*
>
> *More computers so the carers and nurses can keep better records and make sure my care plans are up-to-date.*

The carers and nurses have researched illnesses I have that they didn't know much about and how to best cope with these both for myself, my family and for the staff.

Residents, first time survey respondents

Help to be able to communicate better with family, friends. Information on resident notice boards are printed and shared better. Put ideas into my care plan with my one page profile.

The carers have easier access to the information and my care as there are now more computers around the home, I think some of the carers have had lessons too.

The carers have more knowledge and are able to keep up to date with my care needs and to monitor certain conditions that I have.

Residents, repeat survey respondents

Domiciliary and community care

While managers in the community also focussed primarily on the quality of the service that could now be offered to service users, they appeared to see a slightly wider range of ways in which the technology was improving or could improve service quality. This was largely related to their generally more dispersed groups of clients (and clients' relatives) and the impact that the improved record-keeping and communications brought:

When service users/family/friends contact the office with any queries we are able to access information a lot quicker than previously routing through lots of paperwork to find relevant information. Also when service users needs have changed staff can identify this information straight away on their weekly rota.

By using IT we are able to access information on specific conditions and recommend changes to client care immediately to our care staff. When our clients are not able to utilise IT systems themselves we actually assist them or use it on their behalf to provide them with the advice and answers they are looking for.

Better training opportunities for staff are ensuring that they are more familiar with individuals' health needs. Additionally, our staff have used the equipment to take part in NHS continuing care assessments which may not have been possible previously, this has had a very positive impact on service users outcomes.

Staff can now identify service users needs a lot quicker than previously without having to ask service users what their needs are or look through the care plan. Service users now receive a much better quality of care.

Managers, domiciliary and community care, early implementers

Through the use of Symbol Surfing technology that was introduced to us by the Rix Centre, one young man is able to choose the music he wants to listen to, and change it himself on a computer. This is a man who has no conventional communication and is severely physically disabled, he has never been able to control those things himself. Another young lady helped staff to run a Health & Fitness Workshop including using the projector, screen and online videos.

One of our carers wanted to know a lot more about dementia to help a particular service user. As a result the carer feels more confident in time spent with this service user and the bar has been raised as a result.

Managers, domiciliary and community care, recent implementers

4.2.7 Extent of use by staff

Staff in residential settings

Managers were asked to estimate the proportion of their staff that was using the new technology to date. Amongst the early implementer residential sites, on average just over half the staff – around 55 per cent – were using the equipment, but the estimates ranged from just five per cent of staff to all staff. Around one in ten managers reported that only a few (less than 15 per cent) of their staff were using the equipment, while 60 per cent of managers overall said that at least half of their staff were using the technology.

As a result, 89 per cent of staff who responded to the survey from the early implementer sites said that they could do everything they wanted to do on the computer at work. In the first round survey, 58 per cent of staff had said that they wanted training, and of these 44 per cent had received training to use the technology; since that first survey, a further 43 per cent of staff from the early implementer sites said that they had received training in the interim. Just ten per cent of the staff from the early implementer sites who had responded to the previous survey now felt that they needed any further training, and this was to help them gain a better understanding and to help them remain up to date.

Just under a third of staff said that the technology had had an impact on what they could do at home or outside work. Twenty-nine per cent of staff at the early implementer sites, and 33 per cent of the more recent users, said that having access to technology at work had impacted on the things that they could do outside work; often they referred to the increased confidence they had developed through use of the computer at work. Some also mentioned how it had helped them more generally with their work too.

Found more activities that are going on in the community

Confidence in internet shopping, considering internet banking

Because of increased confidence I am happier to access the internet at home than I was before.

I have a wider variety of things I can get ready out of work, ready for the next day at work.

Staff members, recent implementer sites

I am now able to e-mail my friends and family

Don't need to do as much work at home as it is easier to do at work

More confident with my lap top at work. I have been shown a lot of things by the younger members of staff.

Technology can really enhance your knowledge and freshen up your mind about the new techniques and information on how to deal with the service users.

Staff members, early implementer sites

Staff in domiciliary and community care organisations

In line staff in the residential settings, managers at the early implementer domiciliary and community care organisations reported that around 55 per cent of their staff were using the technology. Reports ranged from a quarter of staff up to 100 per cent. Eleven of the managers at the recent implementer sites gave estimates of the proportion of staff who were using the equipment, with estimates ranging from none to all of their staff; on average, around 64 per cent of staff at these sites were using the technology.

4.2.8 Extent of use by service users

Residents

On average, nearly two-thirds of residents (39 per cent) at sites that had recently introduced the technology and around a third of residents (35 per cent) at the early implementer sites were using the new technology. Just over two-fifths of managers across recent and early implementer sites (44 per cent) estimated that a quarter or fewer of their residents were using the technology. In around one in nine (11.5 per cent) of the early implementer and one in six (15.6 per cent) of the recent implementer sites said that more than 70 per cent of their residents were using the technology.

Domiciliary and community service users

Managers of domiciliary and community care services were asked to estimate how many of their service users were using the technology. Amongst the early implementers, six managers estimated the extent of their user engagement; this varied from five to 70 per cent, with an average of 32 per cent. Amongst the more recent implementers, estimates ranged from 1 to 100 per cent, with an average of 65 per cent.

4.3 Downside

4.3.1 Residential and nursing care

Around a third of the managers at the early implementer sites, and one in six of managers at the recent implementer homes reported that they had encountered some form of negative impact of the technology. In one case they had found that fascination with the technology had – perversely – led to reduced staff/resident interaction and resident/resident interaction, but this had then been recognised and addressed. One site had had a serious security breach, and one had fears regarding the potential vulnerability of clients accessing websites and social networks and giving personal information away. One had found that staff were using the web for personal use in work time. One commented on the expense of paying for ongoing maintenance support and mobile phone contracts.

4.3.2 Domiciliary and community care

As with the managers in residential settings managers had concerns about vulnerable clients potentially being at risk from disclosing personal information on websites. Others had concern about the costs of ongoing support; one person confessed to still being afraid of the technology.

4.4 A springboard to further developments

4.4.1 Residential settings

Over a quarter of managers said that they had used the technology provided through the Get Connected grant as a springboard for further developments. In one case, a manager had managed to secure long term funding for broadband; one nursing home had installed a new call bell system using the wireless internet; another site was planning to integrate CCTV with the system. One care home manager reported that, having trialled the technology in three homes and seen it work well, were now planning to introduce similar facilities in their other homes.

Several referred to ways in which the technology was being used to enable more effective working in general in the homes:

We have plans to update the care planning software to one that can use hand held tablets so residents [records] are more easily accessible and easier to update, meaning the records will be more accurate and useful.

We have purchased laptops and care planning software and have gone almost paperless. We are looking to getting an online portal for services users and families to have access to service users daily records and care plans. However this may be a long time off.

One home had been able to buy further equipment and pay for a website and broadband through the subsequent gift of a family member:

Further equipment was obtained following sponsorship of a family member running the Dublin Marathon The website for the residents was gifted to them along with the broadband fees.

4.4.2 Domiciliary and community care

Around 40 per cent of managers said that they had used the technology as a springboard for further developments. In some cases these were accounts of further improvements to office systems:

General improvement in office – more use of email – sending diaries to clients and carers by email

We are in the process of developing a staff on-line communication programme, it will enable all staff to directly log on to our site for information like timesheets, copies of the staff handbook, policies emails etc.

Early implementers

We have invested in new server and firewall hardware to give us secure access to our office network.

We have purchased a projector and now use it in conjunction with the Get Connected IT for staff presentations and group training sessions.

Recent implementers

Two organisations said they were now seeking additional funding: one to widen access to the existing technology, the other to fund the purchase of additional equipment:

We are bidding in to other funds to try and enable our clients to access the technology we provide.

Early implementer

4.5 Advice

Managers were asked what advice they would give to anyone in the same position as they were when they drafted their application to SCIE for funding. Many pointed to the need to plan thoroughly and be clear about what an organisation wants to get from the overall package:

Be thorough when making the budget. Think about every small detail, from earphones to broadband upgrade. We were lucky enough to cover most of our needs by being thorough with our budget but we know of other organisations that had to incur in extra costs to get the project running.

Think very carefully about what your staff and residents really need and speak to others who have already got their systems in place.

Make sure you have a good plan of what your outcomes would be and what equipment is needed to achieve this.

I would definitely shop around more to get the best deal with post-IT support.

Make sure that you do your homework on product knowledge and make sure that whatever you buy is future proof with a good service contract. I would recommend the company that we used [who was] one of your authorised dealers.

Make very clear your expectations are and relate these to the people you purchase the equipment from.

Get an experienced company who knows all the ins and outs of what piece of equipment works with others. Ask them out to check the layout of the building etc so that you know where it will be going and all the correct power supplies are there, and that they provide a follow up service in case things go wrong.

Don't rely upon a suppler to do it all for you. Learn/understand the infrastructure/equipment and tools so that you can make the most use of it, and be independent of any third party. Planning, planning, planning.

We would recommend that the purchaser ensures that the equipment provider clearly understands the needs of the 'end user' and takes this into consideration when recommending equipment (especially important if the purchaser is non-technical).

Allow more time than you think is necessary to install and get it up and running.

Make sure you have all planning in place, know what you want, and speak to another care home who has been through the process.

Ensure the company you use is geographically close to the site in question to eliminate long journeys for small jobs.

A second group gave pragmatic advice on introducing the technology:

You need both an employee champion and a service user champion to get and keep momentum going.

Make sure you put the equipment somewhere prominent and easily accessible so it is more likely to be used.

You need to be really clear about what you want to get out of the equipment and how it will benefit the people you work with. Be prepared that some staff/service users will need time and support to get used to using it and shop around for the best deals.

Carry out a survey of staff and residents to find out how they feel about having the technology available in the home and the amount of interest in actually using it.

Be realistic about the use of the computer, and allow times for its use to grow amongst staff and residents.

Don't underestimate the amount of time that has to be put in to implement the uptake of the system use.

Make sure you really sell the benefits of the equipment and technology to staff and residents and how it can make a positive impact on their life's and decisions they make. Encourage everyone to use it!

Keep it simple, remember any resident time with the computer technology requires equivalent time with a staff member.

Look around for the best prices and support given after purchased.

And last, but not least – and despite these words of caution – managers were also encouraging to anyone considering introducing technology into their care setting:

Not to be afraid to try it

Not to worry about it just enjoy

Be patient. It's all worth it in the end.

Although it may seem daunting at first it is definitely worth the effort.

5 Conclusions

In conclusion, the second round survey reinforced the messages that emerged from the first round evaluation. There is increasing evidence that the new technology is being used to improve the service provided to clients. Residents had significantly increased communications with 'the outside world' through emailing and Skype connections to the families, and also through online links to hobbies, interests and shopping opportunities. In the domiciliary and community care sector there have been some significant developments in using the technology to enable more independent decision-making and lifestyles. Quality of service was also being improved by more ready access by staff to information and training on-line, while improved office systems were an additional side-benefit.

The advice from the grant recipients indicate two main areas in which any manager seeking to introduce or upgrade technology should pay particular attention. One is project management and the other is IT specification. Regarding IT specification, SCIE has already started to consider how best to approach this issue (see page 16). Digital Unite (http://digitalunite.com/) provide good basic descriptions of IT terminology while the LASA[5] website (http://www.lasa.org.uk/) offers free resources in this area, including project management.

Finally, the survey revealed a need for further guidance on the types of activities that can be used to improve the lives of clients with dementia, and ways in which to engage clients with dementia with the technology. SCIE has responded to this call for support by commissioning a guide to using ICT with people with dementia, and this will be available later in 2012.

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[5] A charity offering support for third sector and government organisations.